



September 11th
Victim Compensation Fund

THIRD PARTY VERIFICATION FORM

In order to qualify for compensation from the September 11th Victim Compensation Fund ("VCF"), a claimant must demonstrate that he/she was present within the area and time period defined by the Zadroga Act and implementing regulations. The purpose of this form is to gather and verify information regarding the location and dates of the claimant's work or volunteer activities.

Claimant Section – to be completed by the claimant:

Claimant's Name: _____

Claim Number: VCF _____

Employer/Organization Section – to be completed by the employer:

Employer/Organization Name: _____

Employer/Organization Address: _____

Employer Contact Person's Name: _____

Employer Contact Person's Title: _____

Contact Person's Phone Number: _____

Please complete the table below. You may attach a letter to this form if additional space is needed.

Dates of Employment/ Volunteer Work	Location of Claimant's Work or Volunteer Activities	Brief Description of Claimant's Work/ Duties Performed

Employer Contact's Signature

Date

Please make sure the Claimant's name is on the form and mail the form with any additional documentation to the VCF at the following address:

September 11th Victim Compensation Fund
P.O. Box 34500
Washington, D.C. 20043

If you have any questions regarding this form, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100. Additional information on the VCF is also available at www.vcf.gov.